

March 8th, 2022

Re: CJohn Testimony in support of H.B. No 5303: An Act Concerning Continuing Medical Education Requirements Concerning Endometriosis And Cultural Competency And The Creation Of A Plan For An Endometriosis Data And Biorepository Program

Dear Co-Chair Daugherty Abrams, Co-Chair Steinberg and Members of the Public Health Committee,

I am Catherine John, Program Coordinator at the Diaper Bank of Connecticut located in North Haven, Connecticut and testifying in support of H.B. No 5303: An Act Concerning Continuing Medical Education Requirements Concerning Endometriosis And Cultural Competency And The Creation Of A Plan For An Endometriosis Data And Biorepository Program. Black people are less likely to get our endometriosis diagnosed.

Historically, the medical establishment has mistreated Black people — from gruesome experiments on enslaved people to the forced sterilizations of Black women and the infamous Tuskegee syphilis study that withheld treatment from hundreds of Black men for decades to let doctors track the course of the disease. The research shows that Black people are consistently undertreated for pain relative to white patients, including false beliefs about supposed biological differences between Black and white patients, like the former having higher pain tolerance than the latter.

Generally, women's pain isn't taken seriously enough — this also affects transgender and nonbinary people assigned female at birth. For centuries, we've been haunted by stereotypes about being hysterical or overemotional, and research shows that this affects our medical treatment. If racial bias — even unintentional bias — can lead a doctor to see a Black patient as more impervious to pain, then a Black woman has to face the perception that she's not hurting so badly, based on her race and her gender. Endometriosis doesn't just show up in isolation from other health conditions. If a person has other diseases, then endo comes along for the ride. When you consider the other health conditions that disproportionately affect Black women, you can see how this might play out. Uterine fibroids, which are noncancerous tumors in the uterus, can cause heavy bleeding, pain, problems with urination, and miscarriage, and Black women are three times more likely than women of other races to get them. Black women are also at higher risk for heart disease, strokes and diabetes which often occur together and can have life-threatening results. Also, mental health issues like depression and anxiety can hit Black women especially hard. It can be difficult to find culturally competent care, to deal with the stigma of mental illness, and to carry the stereotype of being the "Strong Black Woman" along the way.

The symptoms of endometriosis show up in Black communities every day, but many people — including some who have the symptoms — don't know what to do about it. Black women shouldn't have to be ashamed, and the more it is talked about, the more people can understand how the symptoms might show up in a person of any race. Let's change the narrative by challenging racial stereotypes which will increase access to treatment.

I support this bill, H.B. 5303 and look forward to your support in empowering Black women and improving their access to efficient and equitable healthcare.

Sincerely,

Catherine John
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